

April 10, 2006

Montana Medicaid Notice

Physicians, Mid-Level Practitioners, Public Health Clinics, FQHCs, RHCs, Hospital Inpatient and Outpatient, and Indian Health Services Providers

VFC Update

Effective April 15, 2006, Vaccines for Children (VFC) will cover 90734 - Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravent), for intramuscular use.

The vaccines provided by Vaccines for Children (VFC) as of March 1, 2006, and after are:

- 90633 - Hepatitis A vaccine, pediatric/adolescent dosage (2 dose schedule)
- 90645 - Hemophilus influenza b vaccine (Hib), HbOC conjugate (4 dose schedule)
- 90647 - Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule)
- 90648 - Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule)
- 90655 - Influenza virus vaccine, split virus, preservative free, for children 6-35 months
- 90657 - Influenza virus vaccine, split virus, for children 6-35 months
- 90658 - Influenza virus vaccine, split virus, for individuals 3 years and above
- 90669 - Pneumococcal conjugate vaccine, polyvalent, for children under 5 years
- 90700 - Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), for individuals younger than 7 years
- 90707 - Measles, mumps and rubella virus vaccine (MMR), live
- 90713 - Poliovirus vaccine, inactivated (IPV)
- 90714 - Tetanus and diphtheria toxoids (Td), preservative free, for individuals seven years or older
- 90715 - Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), for use in individuals 7 years old or older, for intramuscular use.
- 90716 - Varicella virus vaccine, live
- 90718 - Tetanus and diphtheria toxoids (Td), for individuals seven years or older
- 90723 - Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IPV)
- 90732 - Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for individuals 2 years or older
- 90743 - Hepatitis B vaccine, adolescent (2 dose schedule)
- 90744 - Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule)
- 90748 - Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib)

The reimbursement for dates of service July 1, 2005 and after has increased to \$14.13 per VFC vaccine administration. The reimbursement for dates of service before July 1, 2005 is \$9.50 per VFC vaccine administration.

As a reminder -- for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) only:

VFC vaccines can be administered at RHCs and FQHCs. However, they generally are not billable visits because a core provider is not the health care professional administering the vaccine. VFC costs are calculated into your all-inclusive prospective payment rate.

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958

Helena: (406) 442-1837

Visit the Provider Information website:

<http://www.mtmedicaid.org>